

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580208

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
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22		21				
23		22				
24		23				
25		24				
26		25				
27	1					
28		1				
29		2				
30		3				
31		4				
32		5				
33		6				
34		7				
35		8				
36		9				
37	1					
38		1				
39		2				
40		3				
41		4				
42		5				
43		6				
44		7				
45		8				
46		9				
47		10				
48		11				
49		12				
50		13				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						